

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3						
4	3	0	3			
5	2		3			
6	2		3			
7	(1)		3			
8	(1)		3			
9	(1)		3			
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	14	20				
TOTAL CLAIMS	15	21				

	IND	DEP	IND	DEP	IND	DEP
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